



### **PATENT**

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

51805

In re application of:

Zhang et al.

Serial No.: 10/660,920

Filed: September 13, 2003

For: TIN PLATING METHOD

: Group Art Unit: 1753

: Examiner: Edna Wong

## **AMENDMENT**

Commissioner for Patents P.O. BOX 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed September 14, 2005, please amend the application as indicated in the Amendments of the Specification and the Listing of Claims.

The Amendments of the Specification begin at page 2 of this paper, and the Listing of claims begins at page 4.

The Remarks section begins at page 6.

**PATENT** 

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| In re ap         | pplication of:  | Zhang et al.   |                     |  |  |  |  |
|------------------|---|--|---------------------|--|--|--|--|
| Serial           | No.: 10/660,920   |  |                     | Group Art Unit.: 1753  |  |  |  |
| Filed:           | Septen  | nber 13, 2003  | Examiner: Edna Wong |  |  |  |  |
| For:             | TIN PI  | LATING METHOD  |                     |  |  |  |  |
| Comm             | Stop Amendme<br>nissioner for Pa<br>Box 1450<br>ndria, VA 223 | atents   |                     |  |  |  |  |
|                  |   | AMENDME  | NT TRANSMIT         | TTAL   |  |  |  |
| 1.               | Transmitted herewith is an amendment for this application.    |  |                     |  |  |  |  |
|                  |   | i  | STATUS              |  |  |  |  |
| 2.               | []  | entity. A statement: is attached. was already filed. an a small entity.  | SION OF TERM        | <b>1</b>   |  |  |  |
| NOTE:            |   |  |                     |  |  |  |  |
|                  | (   | CERTIFICATE OF MAILIN  | NG/TRANSMISSIO      | ON (37 C.F.R. 1.8(a))  |  |  |  |
| I hereby         | certify that, on the d  | ate shown below, this correspo   | ondence is being:   |  |  |  |  |
|                  | MAI   | LING   |                     | FACSIMILE  |  |  |  |
| X                | with sufficient post<br>envelope addressed                    | United States Postal Service tage as first class mail in an I to the Commissioner for 1450, Alexandria, Virginia | Stgnatur            | transmitted by facsimile to the Patent and Trademark Office.   |  |  |  |
| Date: 11 23 2005 |   |  |                     | Deanna M. Rivernider (type or print name of person certifying) |  |  |  |
|                  |   |  |                     | (Amendment Transmittal—page 1 of 4)                            |  |  |  |

If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).

NOTE: See 37 C.F.R. 1.645 for extensions of time in interference proceedings, and 37 C.F.R. 1.550(c) for extensions of time in reexamination proceedings.

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a) [ ] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for the total number of months checked below:

|    | Extension (months) | Fee for other than small entity | Fee for small entity |
|----|--------------------|---------------------------------|----------------------|
| [] | one month          | \$ 120.00                       | \$ 60.00             |
|    | two months         | \$ 450.00                       | \$225.00             |
|    | three months       | \$1,020.00                      | \$510.00             |
|    | four months        | \$1,590.00                      | \$795.00             |

Fee: \$\_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

Extension fee due with this request

(check and complete the next item, if applicable)

OR

| [] | An extension for | months has already      | y been secured. | The fee paid ther | efor of       |
|----|------------------|-------------------------|-----------------|-------------------|---------------|
|    | \$ is c          | leducted from the total | fee due for the | total months of   | extension now |
|    | requested.       |                         |                 |                   |               |
|    |                  |                         |                 |                   |               |

(b) [X] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|                 | (C-11)                         |                                     |   |   | PITY.                                | OTHER THAN A   |               |        |                     |               |
|-----------------|--------------------------------|-------------------------------------|---|---|--------------------------------------|--|---------------|--------|---------------------|---------------|
| (Col.1)         |                                | (Col.                               | (Col. 2) (Col. 3) SMALL ENTITY          |   | 111 Y                                | SMALL ENTITY   |               | ENTITY |                     |               |
|                 | Ren                            | laims<br>naining<br>After<br>endmer |   | Highest No.<br>Previously<br>Paid For   | Present<br>Extra                     | Rate   | Addit.<br>Fee | OR     | Rate                | Addit.<br>Fee |
| Total           |                                | *                                   | Minus                                   | **  | =                                    | x \$25 =   | \$            |        | x \$50 =            | \$ 0          |
| Indep.          |                                | *                                   | Minus                                   | ***   |                                      | x \$100 =  | \$            |        | x \$200 =           | \$0           |
| [ ] Fin         | rst Pres                       | sentatio                            | on of Mul                               | tiple Depender  | nt Claim                             | + \$180 =  | \$            | •      | + \$360 =           | \$ 0          |
|                 |                                |                                     |   |   |                                      | Total<br>Addit. Fee  | \$            | OR     | Total<br>Addit. Fee | \$            |
| **<br>***<br>of | If the '<br>If the '<br>The "I | 'Highest<br>'Highest<br>Highest N   | No. Previo<br>No. Previo<br>No. Previou | s than the entry in<br>ously Paid For" IN<br>ously Paid For" IN<br>sly Paid For" (To<br>umber of claims o | THIS SPA<br>THIS SPA<br>tal or Indep | CE is less than 2<br>CE is less than 3<br>) is the highest n | , enter "3".  |        | appropriate box     | in Col. 1     |
|                 |                                |                                     | ction or action (§<br>form which has be |   |                                      |  |               |        | g with any          |               |
|                 |                                |                                     |   | (comple   | te (c) or (d                         | l), as applical  | ble)          |        |                     |               |
|                 | (c)                            | [X]                                 | No a                                    | dditional fee fo  | or claims                            | is required.   |               |        |                     |               |
|                 |                                |                                     |   |   | 0                                    | R  |               |        |                     |               |
|                 | (d)                            | []                                  | Tota                                    | l additional fee  | for claim                            | s required \$ _  |               | ··     |                     |               |
|                 |                                |                                     |   |   | FEE PAY                              | YMENT  |               |        |                     |               |

#### FEE DEFICIENCY

Attached is a check in the sum of \$\_\_\_

Charge Account No. \_\_\_\_\_ the sum of \$ \_

A duplicate of this transmittal is attached.

5.

[]

[]

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

| 6. [X] If any additional extension and/or fee is required, charge Account No |          |   |  |
|--|----------|---|--|
|  |          | AND/OR  |  |
|  | [X]      | If any additional fee for claims is required, charge Account No. 18-1850  SIGNATURE OF PRACTITIONER |  |
| Reg. 1   | No. 35,6 | John J. Piskorski (type or print name of practitioner)  |  |
| Tel. N   | No. (50) | EDWARDS & ANGELL, LLP  P.O. Box 55874  P.O. Address   |  |
|  |          | Boston, Massachusetts 02205   |  |